

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Handwritten]</i>		<i>[Handwritten]</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>3-8-00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>[Handwritten]</i>	<i>70209</i>	<i>5-1-</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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